



Incident Report

Case Number I162104911	CAD Incident # P160669471
Report Type Incident Report	Page 1 of 6
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

Arrested Suspects	Additional Suspects	Unknown Suspects	Victims	Other Persons	Vehicles	Items	Evidence Count	Leads Count	File #
		1	1	3	1				
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault				
<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion				
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input checked="" type="checkbox"/> Victim Stabbed				
<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking				
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse				

Incident Details

Unit Number	Clearance Disposition	Cleared by Exception	Exceptional Clearance Date
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Situation Found E911	Case Status
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Location Given By Dispatcher

Incident Address			
Street Address 967 BLUE HILL AVE			
City BOSTN	State MASSACHUSETTS	Zip 02124	District DISTRICT B3
Administrative Info			
Reporting Officer BROZOWSKI, DEREK	Employee Number 140287	Approving Supervisor BROOKS, THOMAS	

OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input checked="" type="checkbox"/> Primary Offense	Crime Description ASSAULT - AGGRAVATED - BATTERY		
Offense Code Value 00413	Attempted/Completed Completed	Premise Type Highway/Road/Alley	
Circumstances	Bias		
None - No Bias			
Criminal Activity 1 No Known Gang Committed Offense	Criminal Activity 2	Criminal Activity 3	
Offender Using 1	Offender Using 2	Offender Using 3	
Not Applicable			
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel	Entry Type	Entry Area	Entry Method
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1 Unknown	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	



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Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

SUSPECT	<input type="checkbox"/> Known	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Arrested	
Name (Last, First Middle)				
Suffix	Nickname	Race	Gender	
Height	Weight	Driver's License #	DL State	
FBI #	SBI #	Place of Birth	Citizenship	
Ethnicity	Marital Status			
Preferred	Contact #1	Contact #2	Email Address	
Suspect Home Address				
Street Address				
City	State	Zip		
Suspect Employment Information				
<input type="checkbox"/> Student	Employer / School	Occupation		
Street Address				
City	State	Zip	Work Phone	Hours of Employment
Details				
Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build
Voice	Complexion	Hand Preference		
Clothing Description				
GREY SWEATER, BLUE JEANS				
Trademarks of Suspect				
Injury 1	Injury 2	Injury 3	Injury 4	Injury 5
<input type="checkbox"/> Hospitalized	Hospital Facility		Resident	
MO Panel				
Entry Type	Entry Area		Entry Method	
Entry Point	Exit Point		Target Area	
Property Target 1	Property Target 2		Property Target 3	
Victim Target	Time of Day		Victim Activity	
Action 1 on Victim	Action 2 on Victim		Action 3 on Victim	
Action 1 to Premises	Action 2 to Premises		Action 3 to Premises	
Other Action 1	Other Action 2		Other Action 3	
Solicited Offered 1	Solicited Offered 2		Solicited Offered 3	
Weapon 1	Weapon 2		Weapon 3	
Weapon 1 Type	Weapon 2 Type		Weapon 3 Type	



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Weapon 1 Caliber	Weapon 2 Caliber	Weapon 3 Caliber
Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses

Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Suspect
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VICTIM	Victim Type Person								
Name (Last, First Middle) [REDACTED]									
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range		
Infant Type	Height	Weight	Driver's License #	DL State					
Place of Birth		Citizenship							
Ethnicity	Marital Status								
Not of Hispanic Origin									
Preferred	Contact #1	Contact #2	Email Address						
Victim Home Address									
Street Address									
City	State	Zip							
Employment Information									
<input type="checkbox"/> Student	Employer / School		Occupation						
College Name			On Campus	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Street Address									
City	State	Zip	Work Phone	Hours of Employment					
Details									
Hair Color	Eye Color	Build	Resident	RESIDENT					
Injury 1 Severe Lacerations	Injury Description LACERATION TO THE NECK								
Injury 2	Injury 3	Injury 4	Injury 5						
Victim Condition		Victim-Offender							
A. Assault/Homicide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A. Assault/Homicide Circumstance 1			A. Assault/Homicide Circumstance 2				
Justifiable Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No		Justifiable Homicide Circumstance							
<input checked="" type="checkbox"/> Victim Hospitalized		Hospital Facility Boston Medical Center			Hospital Description				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Domestic Disturbance		Domestic Violence Victim Transported	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Associated Offenses									
Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Victim								



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Suspect		Victim Suspect Relationships						
Suspect: 1 UNKNOWN		Relationship: Relationship Unknown						
OTHER PERSON	Person Type Witness							
Name (Last, First Middle) [REDACTED]								
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to	
Height	Weight	Driver's License #	DL State	FBI #	SBI #			
Place of Birth		Citizenship		Ethnicity		Marital Status		
Preferred	Contact #1	Contact #2	Email Address					
HOME PHONE [REDACTED]		Other Person Home Address						
Street Address [REDACTED]								
City	State	Zip						
Employment Information								
<input type="checkbox"/> Student	Employer / School		Occupation					
Street Address [REDACTED]								
City	State	Zip						
Details								
Work Phone	Hours of Employment			Hair Color	Hair Length			
Eye Color	Build	Facial Hair	Voice	Complexion				
Resident								
OTHER PERSON	Person Type Witness							
Name (Last, First Middle) [REDACTED]								
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to	
Height	Weight	Driver's License #	DL State	FBI #	SBI #			
Place of Birth		Citizenship		Ethnicity		Marital Status		
Preferred	Contact #1	Contact #2	Email Address					
HOME PHONE [REDACTED]		Other Person Home Address						
Street Address [REDACTED]								
City	State	Zip						
Employment Information								
<input type="checkbox"/> Student	Employer / School		Occupation					
Street Address [REDACTED]								
City	State	Zip						
Details								
Work Phone	Hours of Employment			Hair Color	Hair Length			
Eye Color	Build	Facial Hair	Voice	Black	Long	<input type="checkbox"/> Glasses		
Complexion								
Resident								
OTHER PERSON	Person Type							
Name (Last, First Middle) [REDACTED]								



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Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range
Height	Weight	Driver's License #	DL State	FBI #	SBI #		
Place of Birth		Citizenship		Ethnicity	Marital Status		
Preferred HOME PHONE	Contact #1	Contact #2	Email Address				
Other Person Home Address							
Street Address							
City	State	Zip	Employment Information				
<input type="checkbox"/> Student	Employer / School		Occupation				
Street Address							
City	State	Zip	Details				
Work Phone	Hours of Employment			Hair Color Black	Hair Length Short	<input type="checkbox"/> Glasses	
Eye Color	Build	Facial Hair			Voice	Complexion	
Resident							
VEHICLE	Vehicle Year 2015	Make CHEVROLET	Model MALIBU	VIN 1G11C5SL1FU147115	<input type="checkbox"/> VIN Validation Off	Tag Number 4XJ955	
State MAINE	Plate Type Passenger	Tag Month May	Exp. Year 2018	Body Style PASSENGER CAR	Top Color WHITE	Bottom Color WHITE	
Vehicle Type Sedan					Status		
Decal #	NIC						
Other Identifiers							
Registered Owner Info							
Registered Owner Name (Last, First, MI) <input type="checkbox"/> Business MAVEN DRIVE LLC					Gender	Race	DOB
Street Address							
City	State MASSACHUSETTS	Zip					
Insurance Company ZURICH INSURANCE	Policy Number			Insurance Expiration	Financed By/Titleholder		
Vehicle Elements							
<input type="checkbox"/> Stolen <input type="checkbox"/> Recovered							
Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio In Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No
How Vehicle Entered		How Vehicle Taken					
Recovered By	Recovery Date		Recovered Value		Recovery Code		
Recovery Address							
Street Address							
City	State MASSACHUSETTS	Zip					
<input type="checkbox"/> Impounded	<input type="checkbox"/> Towed	Tow Report Number		Wrecker Service		Date Wrecker Arrived	Time Wrecker Arrived
Location Towed From		Location Towed To		Impounded By			Mileage



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Wrecker Driver Name

Tow Truck Operator Signature

Public Narrative

About 11:19pm on Sunday 12/25/2016, Officers Brozowski and Jones assigned to the C103F along with Officers Donahue and Molina assigned to the C102F responded to a radio call for a possible person stabbed at 967 Blue Hill Ave.

Upon arrival, the officers were directed by Boston Police Dispatcher that the victim who was possibly stabbed had made their way to the Boston Fire Department station located at 975 Blue Hill Ave. and was receiving treatment for a reported neck injury. The officers observed an unidentified young adult black female victim laying on the floor of the station receiving treatment from Boston Fire Department Personnel. The officers spoke to one witness who identified herself as [REDACTED] who stated that the victim was [REDACTED]. Ambulance A-12 arrived and promptly transported the unknown victim to Boston Medical Center.

[REDACTED] stated to the officers that the incident started when [REDACTED] called a Lyft service to come pick [REDACTED] up in front of 967 Blue Hill Ave. [REDACTED] stated when [REDACTED] told the [REDACTED] Lyft driver (wearing grey sweater and blue jeans) [REDACTED] had made a mistake about how many passengers [REDACTED] said would be traveling with [REDACTED] that was the time the Lyft driver became upset and a verbal argument ensued. [REDACTED] stated that [REDACTED] called [REDACTED] (later identified as the victim [REDACTED] who was upstairs in 967 Blue Hill Ave. to come down to the street. According to [REDACTED] the verbal argument escalated into a physical altercation. [REDACTED] stated during the altercation, the Lyft driver/suspect reached into the pockets of [REDACTED] outer garment and "was going to mace [REDACTED] could not specifically articulate to the officers when [REDACTED] was allegedly stabbed, but observed the victim [REDACTED] after [REDACTED] had been separated from the suspect by two other witnesses holding [REDACTED] neck and bleeding heavily. The female suspect reportedly got into [REDACTED] vehicle and fled the scene.

[REDACTED] was able to take down the license plate of the suspect's vehicle before [REDACTED] fled southbound on Blue Hill Ave. The suspect's car was described as a white 2015 Chevrolet Malibu Massachusetts Registration 4XJ955. [REDACTED] described the [REDACTED] operator/suspect as wearing a grey sweater and jeans who was about 5'04" in height and weighed approximately 150 lbs. Officer Brozowski broadcasted the license plate number, vehicle description, and suspect description to Boston Police Operations.

Officers gathered the information of two other witnesses of [REDACTED] and [REDACTED]. Officers immediately cordoned off the area with Boston Police Crime Scene tape in front of the entrance to 967 Blue Hill Ave. as there was blood on the sidewalk and street. Officers were then assigned by the patrol Supervisor C901A Smith as the scribe and to help secure the crime scene until additional units were able to assist with scene security.



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Arrested Suspects 1	Additional Suspects	Unknown Suspects	Victims 1	Other Persons	Vehicles 1	Items	Evidence Count	Leoka Count	File #
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault				
<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion				
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input checked="" type="checkbox"/> Victim Stabbed				
<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking				
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse				

Incident Details

Unit Number	Clearance Disposition	Cleared by Exception	Exceptional Clearance Date
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Situation Found	Case Status
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Location Given By Dispatcher	Incident Address
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Street Address 967 BLUE HILL AVE			
City BOSTN	State MASSACHUSETTS	Zip 02124	District DISTRICT B3
Administrative Info			
Reporting Officer FRANCIS, ANTHONY	Employee Number 011172	Approving Supervisor BROOKS, THOMAS	

OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input checked="" type="checkbox"/> Primary Offense	Crime Description ASSAULT - AGGRAVATED - BATTERY		
Offense Code Value 00413	Attempted/Completed Completed	Premise Type	
Circumstances	Bias		
Criminal Activity 1	Criminal Activity 2	Criminal Activity 3	
Offender Using 1	Offender Using 2	Offender Using 3	
# Premise Entered	Home Invasion	Domestic Violence	
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel	Entry Area		
Entry Type	Entry Method		
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	



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Precipitating Circumstance

Instrument Used

Unusual Actions and Statements of Suspect

SUSPECT	<input checked="" type="checkbox"/> Known	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Arrested					
Name (Last, First Middle)								
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range	
Height	Weight	Driver's License #	DL State	Local ID	SID			
FBI #	SBI #			Place of Birth	Citizenship			
Ethnicity	Marital Status							
Preferred	Contact #1	Contact #2	Email Address					
Suspect Home Address								
Street Address								
City	State	Zip						
Suspect Employment Information								
<input type="checkbox"/> Student	Employer / School			Occupation				
Street Address								
City	State	Zip	Work Phone	Hours of Employment				
Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair	Facial Hair Color		
Voice	Complexion	Hand Preference						
Clothing Description								
Trademarks of Suspect								
Injury 1	Injury 2	Injury 3	Injury 4	Injury 5				
<input type="checkbox"/> Hospitalized	Hospital Facility		Resident					
MO Panel	Entry Area			Entry Method				
Entry Type								
Entry Point	Exit Point			Target Area				
Property Target 1	Property Target 2			Property Target 3				
Victim Target	Time of Day			Victim Activity				
Action 1 on Victim	Action 2 on Victim			Action 3 on Victim				
Action 1 to Premises	Action 2 to Premises			Action 3 to Premises				
Other Action 1	Other Action 2			Other Action 3				
Solicited Offered 1	Solicited Offered 2			Solicited Offered 3				
Weapon 1	Weapon 2			Weapon 3				
Weapon 1 Type	Weapon 2 Type			Weapon 3 Type				
Weapon 1 Caliber	Weapon 2 Caliber			Weapon 3 Caliber				



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Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses

Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Suspect
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ARREST

Arrested As <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Arrest Number [REDACTED]	RICI Booking Num [REDACTED]	Arrest Action Arrested
Disposition Handled Within Dept. and Released	Arrest Date/Time 12/26/2016 03:15	Booking District DISTRICT B3	<input type="checkbox"/> Arrested on Scene

Arrest Address

Street Address 1165 BLUE HILL AVE	City BOSTN	State MASSACHUSETTS	Zip 02126
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Test Given	Test Date/Time	Test Results	Test Administered By
Test Given	Test Date/Time	Test Results	Test Administered By

Arresting Officer JOSEY, WINDELL C.	Transporting Officer	
Weapon 1 Knife	Automatic Weapon 1	Weapon 2

Automatic Weapon 2	Multiple Clearance	Juvenile Disposition	Card Number
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Warrant Number	Warrant Signed By	<input type="checkbox"/> OUI Alcohol Arrest
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DUI/OUI Information			
Public Way	Observed Driving	Glassy Eyes	PBT
Unsteady on Feet	Bloodshot Eyes	Crash	Offered Test
Slurred Speech	Odor		

Other Grounds

Statement of Probable Cause

On Monday December 26, 2016 at about 1:50 am, [REDACTED] walked into Area B3 wanting to discuss an incident which occurred at 967 Blue Hill Avenue.

Area B3 Detectives conducted a digitally recorded interview of [REDACTED] suspect, who post Miranda admitted to being a Lyft driver who while operating a white Chevrolet Malibu was dispatched to and involved in a physical altercation at 967 Blue Hill Avenue.

VICTIM	Victim Type Person						
Name (Last, First Middle) [REDACTED]							
Suffix	Nickname	Race [REDACTED]	Gender [REDACTED]	SSN [REDACTED]	Date of Birth [REDACTED]	Age [REDACTED]	Age Range to
Infant Type	Height	Weight	Driver's License #	DL State			
Place of Birth		Citizenship					
Ethnicity	Marital Status						
Preferred	Contact #1	Contact #2	Email Address				



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Street Address 967 BLUE HILL AVE		Victim Home Address	
City BOSTN	State MASSACHUSETTS	Zip 02124	
Employment Information			
<input type="checkbox"/> Student	Employer / School		Occupation
College Name		On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			
City	State	Zip	Work Phone
Hours of Employment			
Hair Color	Eye Color	Build	Details Resident
Injury 1 Severe Lacerations		Injury Description	
Injury 2	Injury 3	Injury 4	Injury 5
Victim Condition			
Victim-Offender			
Serious		A. Assault/Homicide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Justifiable Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No		A. Assault/Homicide Circumstance 1 Argument	
		A. Assault/Homicide Circumstance 2 Argument	
Hospital Facility <input type="checkbox"/> Victim Hospitalized		Hospital Description	
Under Influence Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Under Influence Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Domestic Disturbance		Domestic Violence Victim Transported <input type="checkbox"/> Yes <input type="checkbox"/> No	
Violation of Protective Order <input type="checkbox"/> Yes <input type="checkbox"/> No		Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Associated Offenses			
Offense ASSAULT - AGGRAVATED - BATTERY			
Victim Suspect Relationships			
Suspect	Relationship Stranger		
Suspect: 1			
VEHICLE	Vehicle Year 2015	Make CHEVROLET	Model MALIBU
		VIN 1G11C5SL1FU147115	
		<input type="checkbox"/> VIN Validation Off	
State MASSACHUSETTS		Plate Type Passenger	Tag Month May
Exp. Year 2018		Body Style PASSENGER CAR	Top Color WHITE
		Bottom Color WHITE	
Vehicle Type Sedan			
Decal #	Status SUSPECT VEHICLE		
Other Identifiers			
Registered Owner Info			
Registered Owner Name (Last, First, MI) MAVEN DRIVE LLC		<input checked="" type="checkbox"/> Business	
Street Address 745 ATLANTIC AVE 4		Gender	Race
City BOSTN		Zip 02111	DOB
Insurance Company ZURICH INSURANCE		Policy Number	Insurance Expiration
		Financed By/Titleholder	
Vehicle Elements			
<input type="checkbox"/> Stolen <input type="checkbox"/> Recovered			

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Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio In Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Stolen Value
How Vehicle Entered		How Vehicle Taken						
Recovered By	Recovery Date		Recovered Value		Recovery Code			
Recovery Address								
Street Address								
City		State MASSACHUSETTS		Zip				
<input type="checkbox"/> Impounded	<input type="checkbox"/> Towed	Tow Report Number			Wrecker Service		Date Wrecker Arrived	Time Wrecker Arrived
Location Towed From		Location Towed To			Impounded By			Mileage
Wrecker Driver Name	Tow Truck Operator Signature							

Public Narrative

On Monday December 26, 2016 at about 1:50 am, [REDACTED] walked into Area B3 wanting to discuss an incident which occurred at 967 Blue Hill Avenue. Area B3 Detectives conducted a digitally recorded interview of [REDACTED] suspect, who post Miranda admitted to being a Lyft driver who while operating a white Chevrolet Malibu was dispatched to and involved in a physical altercation at 967 Blue Hill Avenue. As a result of a [REDACTED] (suspect) statements [REDACTED] was placed under arrest and subsequently charged with MGL 265-18 Assault with intent to Murder. Suspect's motor vehicle, a white Chevrolet Malibu bearing MA Reg (4XJ955) was located by Area E5 units at 5 Delford Street, Roslindale. Motor vehicle towed to and secured at B3 pursuant of a search warrant.



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Arrested Suspects	Additional Suspects	Unknown Suspects	Victims 1	Other Persons 4	Vehicles	Items	Evidence Count	Leads Count	File #
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault				
<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion				
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input type="checkbox"/> Victim Stabbed				
<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking				
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse				

Incident Details		
Unit Number	Clearance Disposition ADULT ARREST	Cleared by Exception
		Exceptional Clearance Date

Situation Found E911	Case Status
Location Given By Dispatcher	

Incident Address			
Street Address 967 BLUE HILL AVE			
City BOSTN	State MASSACHUSETTS	Zip 02124	District DISTRICT B3
Administrative Info			
Reporting Officer FRANCIS, ANTHONY	Employee Number 011172	Approving Supervisor HEGARTY, MICHAEL	

OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input type="checkbox"/> Primary Offense	Crime Description ASSAULT - AGGRAVATED - BATTERY		
Offense Code Value 00413	Attempted/Completed Completed	Premise Type	
Circumstances	Bias		
Criminal Activity 1	Criminal Activity 2	Criminal Activity 3	
Offender Using 1	Offender Using 2	Offender Using 3	
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel	Entry Type	Entry Area	Entry Method
Entry Point 1	Entry Point 2		Exit Point 1
Exit Point 2	Target Area		Property Target 1
Property Target 2	Property Target 3		Victim Target
Time of Day	Victim Activity		Action 1 to Premises
Action 2 to Premises	Action 3 to Premises		Action 1 on Victim
Action 2 on Victim	Action 3 on Victim		Other Action 1
Other Action 2	Other Action 3		Solicited Offered 1
Solicited Offered 2	Solicited Offered 3		Weapon 1
Weapon 1 Auto	Weapon 2		Weapon 2 Auto
Weapon 3	Weapon 3 Auto		Arson



Incident Report

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Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

SUSPECT	<input checked="" type="checkbox"/> Known	<input type="checkbox"/> Unknown	<input type="checkbox"/> Arrested			
Name (Last, First Middle)						
Suffix	Nickname	Race	Gender			
Height	Weight	Driver's License #	DL State			
FBI #	SBI #	Local ID	SSN			
Ethnicity	Marital Status	Place of Birth	Date of Birth			
Preferred	Contact #1	Contact #2	Email Address			
Suspect Home Address						
Street Address						
City	State	Zip				
Suspect Employment Information						
<input type="checkbox"/> Student	Employer / School		Occupation			
Street Address						
City	State	Zip	Work Phone	Hours of Employment		
Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair	Facial Hair Color
Voice	Complexion	Hand Preference		Details		
Clothing Description						
Trademarks of Suspect		Injury 1	Injury 2	Injury 3	Injury 4	Injury 5
<input type="checkbox"/> Hospitalized		Hospital Facility		Resident		
MO Panel	Entry Area			Entry Method		
Entry Type				Target Area		
Entry Point	Exit Point			Property Target 3		
Property Target 1	Property Target 2			Victim Activity		
Victim Target	Time of Day			Action 3 on Victim		
Action 1 on Victim	Action 2 on Victim			Action 3 to Premises		
Action 1 to Premises	Action 2 to Premises			Other Action 3		
Other Action 1	Other Action 2			Solicited Offered 3		
Solicited Offered 1	Solicited Offered 2			Weapon 3		
Weapon 1	Weapon 2			Weapon 3 Type		
Weapon 1 Type	Weapon 2 Type			Weapon 3 Caliber		
Weapon 1 Caliber	Weapon 2 Caliber					



Incident Report

Case Number I162104911	CAD Incident # P160669471
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Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses

Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Suspect
-------------------------------------------	-------------------------------------------------------------

VICTIM	Victim Type Person	Name (Last, First Middle)						
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range	
Infant Type	Height	Weight	Driver's License #	DL State				
Place of Birth	Citizenship							
Ethnicity	Marital Status							
Preferred	Contact #1	Contact #2	Email Address					

Victim Home Address

Street Address		
City	State	Zip

Employment Information

<input type="checkbox"/> Student	Employer / School	Occupation
College Name	On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No	

Street Address				
City	State	Zip	Work Phone	Hours of Employment

Details

Hair Color	Eye Color	Build	Resident
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Injury 1 Severe Lacerations	Injury Description LACERATION TO THE RIGHT SIDE OF THE NECK	Injury 2	Injury 3	Injury 4	Injury 5
--------------------------------	----------------------------------------------------------------	----------	----------	----------	----------

Victim Condition Good	Victim-Offender
--------------------------	-----------------

A. Assault/Homicide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A. Assault/Homicide Circumstance 1 Argument	A. Assault/Homicide Circumstance 2
--------------------------------------------------------------------------------------------	------------------------------------------------	------------------------------------

Justifiable Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No	Justifiable Homicide Circumstance
----------------------------------------------------------------------------------	-----------------------------------

Hospital Facility <input type="checkbox"/> Victim Hospitalized	Hospital Description
-------------------------------------------------------------------	----------------------

Under Influence Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Under Influence Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Domestic Disturbance	Domestic Violence Victim Transported <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	----------------------	--------------------------------------------------------------------------------------------------

Violation of Protective Order <input type="checkbox"/> Yes <input type="checkbox"/> No	Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------	------------------------------------------------------------------------

Associated Offenses

Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Victim
-------------------------------------------	------------------------------------------------------------

Victim Suspect Relationships	Relationship Stranger
Suspect Suspect: 1	

Incident Report



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OTHER PERSON	Person Type [REDACTED]						
Name (Last, First Middle) [REDACTED]							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
Height	Weight	Driver's License #	DL State	FBI #	SBI #		
Place of Birth		Citizenship		Ethnicity		Marital Status	
Preferred	Contact #1	Contact #2	Email Address [REDACTED]				
Street Address [REDACTED]							
City BOSTN	State	Zip	Information [REDACTED]				
<input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED]							
Details							
Work Phone	Hours of Employment		Hair Color	Hair Length		<input type="checkbox"/> Glasses	
Eye Color	Build	Facial Hair	Voice	Complexion			
Resident							

OTHER PERSON	Person Type Witness						
Name (Last, First Middle) [REDACTED]							
Suffix	Nickname	Race	Gender	SSN 000-00-0000	Date of Birth	Age	Age Range to
Height	Weight	Driver's License #	DL State	FBI #	SBI #		
Place of Birth		Citizenship		Ethnicity		Marital Status	
Preferred	Contact #1	Contact #2	Email Address [REDACTED]				
Other Person Home Address [REDACTED]							
Street Address [REDACTED]							
City	State	Zip	Employment Information [REDACTED]				
<input type="checkbox"/> Student		Employer / School	Occupation [REDACTED]				
Street Address [REDACTED]							
City	State	Zip	Details [REDACTED]				
Work Phone	Hours of Employment		Hair Color	Hair Length		<input type="checkbox"/> Glasses	
Eye Color	Build	Facial Hair	Voice	Complexion			
Resident							
OTHER PERSON	Person Type Witness						
Name (Last, First Middle) [REDACTED]							
Suffix	Nickname	Race	Gender	SSN 000-00-0000	Date of Birth	Age	Age Range to



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Height	Weight	Driver's License #	DL State	FBI #	SBI #
Place of Birth		Citizenship		Ethnicity Marital Status	
Preferred	Contact #1	Contact #2	Email Address		
Street Address Other Person Home Address					
City	State	Zip	Employment Information		
<input type="checkbox"/> Student	Employer / School		Occupation		
Street Address					
City	State	Zip	Details		
Work Phone	Hours of Employment		Hair Color Black	Hair Length	
Eye Color	Build	Facial Hair	Voice	Complexion	
<input type="checkbox"/> Glasses					
Resident					

OTHER PERSON	Person Type Witness						
Name (Last, First Middle)							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
Height	Weight	Driver's License #	DL State	FBI #	SBI #		
Place of Birth		Citizenship		Ethnicity		Marital Status	
Preferred	Contact #1	Contact #2	Email Address				
Other Person Home Address							
Street Address							
City	State	Zip	Employment Information			Occupation	
<input type="checkbox"/> Student	Employer / School						
Street Address							
City	State	Zip	Details				
Work Phone	Hours of Employment		Hair Color	Hair Length			
Eye Color	Build	Facial Hair	Voice	Complexion			
<input type="checkbox"/> Glasses							
Resident							

Public Narrative

On Monday December 26, 2016 the following photo arrays created by Detective Josey were presented:

At about 4:55 pm Detective Rattigan presented photo array #16-000824 to witness [REDACTED] viewed all 8 photographs, stopped at photograph #5 of 8 and wrote on the front "I remember [REDACTED] nose and [REDACTED] lip. [REDACTED] had a hood on but [REDACTED] did have a nose piercing. [REDACTED] singles showed at the end." [REDACTED] then signed and initialed the photograph.

At about 5:11 pm Detective Ricard presented photo array #16-000824 to witness [REDACTED] viewed all 8 photographs, stopped at Photograph #7 of 8, wrote on the back of the photograph "Maybe - [REDACTED] started the fight." [REDACTED]



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then wrote [REDACTED] name on the rear of the photograph.

At 7:11 pm Detective O'Brien presented photo array #16-000824 to victim [REDACTED] [REDACTED] viewed all 8 photographs. No identification was made.

At 9:24 pm Detective O'Brien presented photo array #16-000824 to witness [REDACTED] [REDACTED] viewed all 8 photographs, stopped at photograph #4 of 8 and wrote "This is the [REDACTED] that stab my [REDACTED] placed his 1st initial and last name on the front of the photograph.

Photograph #4 of array #16-000824 presented to [REDACTED] is that of [REDACTED] D.O.B. [REDACTED] of [REDACTED]



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Arrested Suspects	Additional Suspects	Unknown Suspects	Victims 1	Other Persons	Vehicles 1	Items	Evidence Count 5	Leoka Count	File #
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP		<input type="checkbox"/> Juvenile		<input type="checkbox"/> Child Present		<input type="checkbox"/> Elderly		<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise		<input type="checkbox"/> Disabled		<input type="checkbox"/> Homeland Security		<input type="checkbox"/> Homeland Security - UASI		<input type="checkbox"/> Home Invasion
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun		<input type="checkbox"/> Gang		<input type="checkbox"/> Shots Fired		<input type="checkbox"/> Victim Shot		<input checked="" type="checkbox"/> Victim Stabbed
<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest		<input checked="" type="checkbox"/> Search Warrant		<input type="checkbox"/> Licensed Premise Violation		<input type="checkbox"/> LPR		<input type="checkbox"/> Human Trafficking
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School		<input type="checkbox"/> Homeless		<input type="checkbox"/> Sex Offender		<input type="checkbox"/> NIDV		<input type="checkbox"/> Child Abuse

Incident Details

Unit Number	Clearance Disposition ADULT ARREST	Cleared by Exception	Exceptional Clearance Date
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Situation Found E911	Case Status
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Location Given By Dispatcher

Incident Address

Street Address
1590 BLUE HILL AVE

City BOSTN	State MASSACHUSETTS	Zip 02126	District DISTRICT B3
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Administrative Info

Reporting Officer FRANCIS, ANTHONY	Employee Number 011172	Approving Supervisor HEGARTY, MICHAEL
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OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input type="checkbox"/> Primary Offense	Crime Description SEARCH WARRANT		
Offense Code Value 03130	Attempted/Completed Completed	Premise Type	
Circumstances		Bias	
Criminal Activity 1		Criminal Activity 2	
Offender Using 1		Offender Using 2	
# Premise Entered	Home Invasion	Domestic Violence	
Gang Type #1		Gang Name #1	
Gang Type #2		Gang Name #2	
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel	Entry Type	Entry Area	Entry Method
Entry Point 1		Entry Point 2	
Exit Point 2		Target Area	
Property Target 2		Property Target 3	
Time of Day		Victim Activity	
Action 2 to Premises		Action 3 to Premises	
Action 2 on Victim		Action 3 on Victim	
Other Action 2		Other Action 3	
Solicited Offered 2		Solicited Offered 3	
Weapon 1 Auto		Weapon 2	
Weapon 3		Weapon 3 Auto	



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Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

<input checked="" type="checkbox"/> Known	<input type="checkbox"/> Unknown	<input type="checkbox"/> Arrested					
Name (Last, First Middle)							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
Height	Weight	Driver's License #	DL State	Local ID	SID		
FBI #		SBI #		Place of Birth		Citizenship	
Ethnicity	Marital Status						
Preferred	Contact #1	Contact #2	Email Address				
Suspect Home Address							
Street Address							
City	State	Zip					
Suspect Employment Information							
<input type="checkbox"/> Student	Employer / School		Occupation				
Street Address							
City	State	Zip	Work Phone	Hours of Employment			
Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair	Facial Hair Color	
Voice	Complexion	Hand Preference		Small			
Clothing Description							
Trademarks of Suspect							
Injury 1	Injury 2	Injury 3	Injury 4	Injury 5			
<input type="checkbox"/> Hospitalized	Hospital Facility		Resident RESIDENT				
MO Panel	Entry Area		Entry Method				
Entry Type							
Entry Point	Exit Point		Target Area				
Property Target 1	Property Target 2		Property Target 3				
Victim Target	Time of Day		Victim Activity				
Action 1 on Victim	Action 2 on Victim		Action 3 on Victim				
Action 1 to Premises	Action 2 to Premises		Action 3 to Premises				
Other Action 1	Other Action 2		Other Action 3				
Solicited Offered 1	Solicited Offered 2		Solicited Offered 3				
Weapon 1	Weapon 2		Weapon 3				
Weapon 1 Type	Weapon 2 Type		Weapon 3 Type				
Weapon 1 Caliber	Weapon 2 Caliber		Weapon 3 Caliber				



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Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses

Offense SEARCH WARRANT	<input checked="" type="checkbox"/> Associated With Suspect
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VICTIM	Victim Type Person								
Name (Last, First Middle) [REDACTED]									
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range		
Infant Type	Height	Weight	Driver's License #	DL State					
Place of Birth		Citizenship							
Ethnicity	Marital Status								
Preferred	Contact #1	Contact #2	Email Address						
Victim Home Address									
Street Address									
City	State	Zip							
Employment Information									
<input type="checkbox"/> Student	Employer / School			Occupation					
College Name		<input type="checkbox"/> On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address									
City	State	Zip		Work Phone	Hours of Employment				
Details									
Hair Color	Eye Color	Build	Resident						
Injury 1	Injury Description								
Injury 2	Injury 3	Injury 4	Injury 5						
Victim Condition		Victim-Offender							
A. Assault/Homicide	A. Assault/Homicide Circumstance 1			A. Assault/Homicide Circumstance 2					
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Justifiable Homicide	Justifiable Homicide Circumstance								
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Hospital Facility				Hospital Description					
<input type="checkbox"/> Victim Hospitalized									
Under Influence Alcohol?	Under Influence Drugs?			Domestic Disturbance			Domestic Violence Victim Transported		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Violation of Protective Order		Cohabitant							
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Associated Offenses									
Offense SEARCH WARRANT	<input checked="" type="checkbox"/> Associated With Victim								
Suspect Suspect 1 [REDACTED]	Relationship			Stranger					

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VEHICLE	Vehicle Year 2015	Make CHEVROLET	Model MALIBU	VIN 1G11C5SL1FU147115	<input type="checkbox"/> VIN Validation Off	Tag Number 4XJ955		
State MASSACHUSETTS		Plate Type Passenger	Tag Month May	Exp. Year 2018	Body Style PASSENGER CAR	Top Color WHITE	Bottom Color WHITE	
Vehicle Type Sedan					Status			
Decal #	NIC							
Other Identifiers								
Registered Owner Info								
Registered Owner Name (Last, First, MI) <input checked="" type="checkbox"/> Business MAVEN DRIVE LLC Street Address 745 ATLANTIC AVE 4FL					Gender	Race	DOB	
City BOSTN		State MASSACHUSETTS		Zip 02111				
Insurance Company ZURICH INSURANCE		Policy Number		Insurance Expiration	Financed By/Titleholder			
Vehicle Elements								
<input type="checkbox"/> Stolen	<input type="checkbox"/> Recovered							
Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Stolen Value
How Vehicle Entered		How Vehicle Taken						
Recovered By		Recovery Date	Recovered Value	Recovery Code				
Recovery Address								
Street Address								
City		State		Zip				
<input type="checkbox"/> Impounded	<input checked="" type="checkbox"/> Towed	Tow Report Number 45168		Wrecker Service		Date Wrecker Arrived	Time Wrecker Arrived	
Location Towed From		Location Towed To		Impounded By			Mileage	
Wrecker Driver Name AUTO SERVICE & TIRE		Tow Truck Operator Signature						

EVIDENCE					
Tag #	Category Physical Evidence	Action SEIZED		Custodial Item	
Description •ONE (1) LYFT CA/MN, NEW DRIVER KIT # 354392 - LYFT134 WITH USPS FIRST-CLASS PKG LABEL ADDRESSED TO [REDACTED] OF [REDACTED] USPS TRACKING NUMBER # EVS 9200 1901 0741 8721 3371 5973 60, PKG ID 21337159737 CONTAINING: A) ONE (1) LYFT "GETTING STARTED" BOOKLET. B) TWO (2) LARGE PINK AND WHITE APPROX. 5" X 5" "LYFT" WINDOW DECAL. C) THREE (3) SMALL WHITE "LYFT" LETTERING DECALS.					
Related Person Suspect: [REDACTED]			Involvement SUSPECT		
Comment					
Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS, ANTHONY H		
Recovery Location [REDACTED]					
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) LYFT CA/MN, NEW DRIVER KIT # 354392 -					

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EVIDENCE			
Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description • ONE (1) OWNER KIT- ESSENTIAL #311240 -LYFT093, WITH PRESORTED FIRST CLASS U.S. POSTAGE LABEL ADDRESSED TO [REDACTED] OF [REDACTED] 02131-4847 CONTAINING: ONE (1) LYFT "GETTING STARTED" BOOKLET, ONE (1) LARGE PINK AND WHITE APPROX. 5" X 5" "LYFT" WINDOW CARD, THREE (3) SMALL WHITE "LYFT" LETTERING DECALS.			
Related Person Suspect: [REDACTED]		Involvement SUSPECT	
Comment			
Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS,ANTHONY H
Recovery Location THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX:			
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) OWNER KIT- ESSENTIAL #311240 -LYFT093.			
EVIDENCE			
Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description ONE (1) WHITE LYFT ENVELOPE CONTAINING: TWO (2) LARGE PINK AND WHITE APPROX. 5" X 5" "LYFT" WINDOW CARDS, ONE (1) "WELCOME TO EXPRESS DRIVE" INFORMATION SHEET, ONE (1) MAVEN "CONDITION REPORT" LISTING [REDACTED] INSPECTION DATE 10/21/16, VIN#1G11C5SL1FU14711S, YEAR 2015, MAKE CHV, MODEL MALIBU, LICENSE# 4XJ955, MILEAGE 19053 MI, COLOR WHITE, CITY BOSTON, STATE MASSACHUSETTS. WITH THE COMMENTS: "DIRTY MATS! - CT REGISTRATION - FRONT FARING BANGED/ DAMAGED" WITH THE SIGNATURE A JOCELYN NERNEY AND ONE ILLEGIBLE SIGNATURE.			
Related Person Suspect: [REDACTED]		Involvement SUSPECT	
Comment			
Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS,ANTHONY H
Recovery Location [REDACTED]			
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) WHITE LYFT ENVELOPE CONTAINING: TWO			
EVIDENCE			
Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLE OF MARKER #0AWKB8 OF A 4D SEDAN WHT 2015 CHEV MALIBU VIN#1G11C5SL1FU147115, VALIDATION DATE 06/12/2015, EXPIRATION DATE 06/12/17, REGISTRANT(S): EAN HOLDING LLC OF 6929 N. LAKEWOOD AVE 100, TULSA, OK 74117.			
Related Person Suspect: [REDACTED]		Involvement SUSPECT	
Comment			
Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS,ANTHONY H
Recovery Location [REDACTED]			
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) STATE OF CONNECTICUT DEPARTMENT OF			
EVIDENCE			
Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description • FOUR (4) BIOLOGICAL SWABS CONTAINING RBS • TWO (2) BIOLOGICAL CONTROL SWABS			
Related Person Suspect: [REDACTED]		Involvement SUSPECT	
Comment			
Recovered From	Recovered To	Recovery Site	Recovered By



Incident Report

CAD Incident #
P160669471

12/29/2016 12/29/2016
Recovery Location Other

Case Number I162104911	CAD Incident # P160669471
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FRANCIS, ANTHONY H	Date / Time Reported 12/25/2016 23:18

Summary

THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE ROOF OF MA REG 4XJ955 FROM 2 LOCATIONS: • FOUR (4) BIOLOGICAL SWABS

Public Narrative

On Thursday December 29, 2016 at about 5:37 pm Detective Anthony Francis under the direction of Sgt. Detective John Fitzgerald executed search warrant #1607SW0418 issued out of Dorchester Court on a white 2015 Chevrolet Malibu four door sedan bearing Massachusetts License Plate 4XJ955, VIN # 1G11C5SL1FU147115 owned by Maven Drive LLC of 745 Atlantic Avenue 4th Floor, Boston.

The search was conducted in a Boston Police approved holding area of Auto Service and Tire at [REDACTED] Mattapan

The search resulted in the seizure of the following items recovered by Det. Francis from the motor vehicle glove box:

- One (1) Lyft CA/MN, New Driver Kit # 354392 – LYFT134 with USPS First-Class PKG label addressed to [REDACTED] ID 21337159737 containing:
 - a. One (1) Lyft “Getting Started” booklet.
 - b. Two (2) large pink and white approx. 5” x 5” “Lyft” window decal.
 - c. Three (3) small white “lyft” lettering decals.
- One (1) Owner Kit- essential #311240 –LYFT093, with Presorted First Class U.S. Postage label addressed to [REDACTED] containing:
 - a. One (1) Lyft “Getting Started” booklet,
 - b. One (1) large pink and white approx. 5” x 5” “Lyft” window card
 - c. Three (3) small white “lyft” lettering decals.
- One (1) White Lyft envelope containing:
 - a. Two (2) large pink and white approx. 5” x 5” “Lyft” window cards,
 - b. One (1) “Welcome to Express Drive” information sheet,
 - c. One (1) Maven “Condition Report” listing [REDACTED] Inspection Date 10/21/16, VIN#1G11C5SL1FU14711S, Year 2015, Make Chv, Model Malibu, License# 4XJ955, Mileage 19053 mi, Color White, City Boston, State Massachusetts. With the Comments: “Dirty mats! – CT Registration – Front Faring Banged/ Damaged” with the signature a [REDACTED] and one illegible signature.
- One (1) State of Connecticut Department of Motor Vehicle of Marker #0AWKB8 of a 4d Sedan Wht 2015 Chev Malibu VIN#1G11C5SL1FU147115, Validation Date 06/12/2015, Expiration Date 06/12/17, Registrant(s): EAN Holding LLC of 6929 N. Lakewood Ave 100, Tulsa, OK 74117.



Incident Report

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Detective recovered the following from 2 locations on the roof of MA REG 4XJ955:

- Four (4) Biological Swabs containing RBS
- Two (2) Biological Control Swabs

The search was concluded at 6:20 pm